

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2079829
State File No. 1-30-42

FILED FEB 6 1942

Registration District No. 2342

Primary Registration District No. 5315

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 4 years years, months or days)

3. (a) PRINT FULL NAME Mary A. Awalt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William Awalt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - 10 - 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 07 If less than one day _____ hr. _____ min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Charles Knight
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Borawski
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Puse

(b) Address Stelville MO

17. (a) Kennett (b) Date thereof 1 19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried

18. (a) Signature of funeral director L. Jones

(b) Address Stelville MO

19. (a) 1-26-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Crawford
(c) City or town Rural Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17 year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-1-41 to 1-17-42
that I last saw her alive on Oct 6-17 and that death occurred on the date and hour stated above.

Immediate cause of death Disease of heart Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. B. Pender (M. D. or other) [Signature]
Address Stelville MO Date signed 1-23-42

FEB 6 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 2/04

Embalmed, Registered Apprentice No. _____,
working under my personal supervision.

Signed

L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Shelville MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.